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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Joseph B. Kejha
Title	High Performance etc.
Art Unit	
Examiner Name	
Attorney Docket Number	1420D

I hereby revoke all previo	ous powers of attorney given in the	ne above-ide	ntified application.				
I hereby appoint:							
Practitioners associated	with the Customer Number:						
OR	<u> </u>						
XXX Practitioner(s) named be	low:						
Name Registration Number							
Zachary T.	Wobensmith, III	26,52	.4				
as my/our attorney(s) or agent(Trademark Office connected th	s) to prosecute the application identified erewith.	above, and to to	ransact all business in the	United States Patent and			
Dioces recognize or change the	e correspondence address for the above	identified appli	cation to:	·			
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The address associat OR	ed with the above-mentioned Customer	Number:					
The address associa OR	ted with Customer Number:						
Firm or Individual Name	Law Offices Zachar	ry T. Wo	bensmith, II	I			
Address	7746 101st Court						
City		State	Dlanda.	Zip 32967_2871			
Country	Vero Beach USA	Otate	Florida	Zip 32967-2871			
Telephone	(772) 589-2073	Fax	(772) 589-2	2073			
I am the:	, , , , <u>, , , , , , , , , , , , , , , </u>			<u> </u>			
Applicant/Inventor.							
	the entire interest. See 37 CFR 3.71.	nei					
Statement under 37 C	CFR 3.73(b) is enclosed. (Form PTO/SB/		-40				
Si-attura (SIGNATURE of Applicar	nt or Assignee	Date	9-26-2005			
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
1006			Telephon	le I			
	licant/Inventor us or assignees of record of the entire interest	or their represent	ative(s) are required. Submit	multiple forms if more than one			
signature is required, see below.	is or assignees of record of the child litterest	or their represent	ourogo, are required. Submit	manple forms it more than the			
xx *Total of 3	forms are submitted.						

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Application Number	irmation unless it displays a valid OMB control number.
Filing Date	
First Named Inventor	Togorb D. Voibo
Title	Joseph B. Kejha High Performance etc.
Art Unit	- I I gir Fer I William Ce Ell.
Examiner Name	
Attorney Docket Number	1420P

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	Practitioners associated Number:	with the Customer						
C	OR .							
хх	Practitioner(s) named be	elow:						
	Name Registration Number							
	Zachary T.	Wobensmith, III	2	6,52	4			
as my/ Trader	our attomey(s) or agent(mark Office connected th	(s) to prosecute the application idea	ntified above	, and to f	transact all bu	siness in the	United States Patent and	
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	Telephone	(772) 589-2073		Fax	(772)	<u>589-20</u>	73	
l am ti	Applicant/Inventor.							
Ш		the entire interest. See 37 CFR 3.7 CFR 3.73(b) is enclosed. (Form PTC						
	^	SIGNATURE of App	plicant or A	ssignee	of Record			
Signat	ure / h	sells. Reflor				Date	9-26-2005	
Name	J/6s	seph B. Kejha				Telephone		
Title ar	nd Company App	olicant/Inventor						
NOTE: signatu	Signatures of all the inventore is required, see below*.	rs or assignees of record of the entire in	nterest or their	represent	ative(s) are requ	cired. Submit m	nultiple forms if more than one	
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Application Number	miduon unless it displays a valid Owlb control number.
Filing Date	
First Named Inventor	Joseph B. Kejha
Title	High Performance etc.
Art Unit	
Examiner Name	
Attorney Docket Number	1/20D

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NOTE: signatur	Signatures of all tr re is required, see	e invento below*.	rs or a	ssignees of	record of the en	tire interest	or their	represen	tative	e(s) are rec	ui:ed. Sub	omit m	ultiple forms if more than o	ne
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This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a transfit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450; Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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1420P

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Attomey-Docket

DECLARATION FOR UTILITY OR	Number	1420P							
DESIGN	First Named Inventor	Joseph B. Kejha							
PATENT APPLICATION	COMPLETE IF KNOWN								
(37 CFR 1.63)	Application Number								
XXX Declaration Declaration Submitted OR Submitted after Initial	Filing Date								
With Initial Filing (surcharge	Art Unit								
required)	(37 CFR 1.16 (e)) required) Examiner Name								
I hereby declare that:									
Each inventor's residence, mailing address, and citizenship are		•							
I believe the inventor(s) named below to be the original and fir which a patent is sought on the invention entitled:	st inventor(s) of the subject	matter which is claimed and for							
HIGH PERFORMANCE AND SAFER ELECTROLYTES FOR LITHIUM-ION ELECTROCHEMICAL DEVICES									
(Title of ti	ne Invention)								
the specification of which	,								
is attached hereto									
OR									
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[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application

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Name		· - · · · · · · · · · · · · · · · · · · ·								
Zachary T. Wo	bensmith	. TT	Г					7,		
Address										
7746 101st Co	ourt									
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Country		Telepho	ne	L		E	mail Zw	obensmith.pat		
USA		(772)	589-	2073	3	1		odigy.net		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST IN				•						
Given Name (first and middle [if			LLIAP	euuon		Family Name		ned inventor		
Joseph B.	7.17			Kejha				. Gamanio		
Inventor's Signature								Date		
Joseph	lyB. Ke	Zlua						9-26-2005		
Residence: City	State			Cour	itry		Citize	enship		
Meadowbrook	PA			US	US US					
Mailing Address										
1830 Columbia Av	renue									
City	State				Zip			Country		
Folcroft	PA				190	032-000	5	US		
NAME OF SECOND INVENTO					Aı	petition has b	een filed	for this unsigned inventor		
Given Name (first and middle [if	any])				F	amily Name	or Surna	me		
Joel R.					1	McClosk	ey			
Inventor's Signature						•		Date 9-26-2005		
Residence: City	State			Cour	•			enship		
Philadelphia	phia					us				
Mailing Address										
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Additional inventors or a legal rep	presentative are being	ng named o	n the _1	Sul	pleme	ntal sheet(s) PT(D/SB/02A o	02LR attached hereto.		

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ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet 3 A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle (if any)) Family Name or Sumame W. Novis Smith Date 9-26-05 Inventor's Signature Philadelphia PA US US Residence: City State Country Citizenship 1830 Columbia Avenue Mailing Address Folcroft 19032-000\$ US PA City State Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date Residence: City State Citizenship Country Mailing Address City State Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date Residence: City Citizenship State Country Mailing Address State Country

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